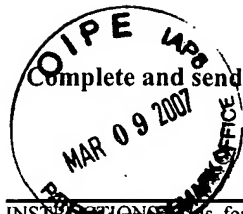


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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53137 7590 12/12/2006

VIKSINIS HARRIS & PADYS PLLP
 P.O. BOX 111098
 ST. PAUL, MN 55111-1098

03/09/2007 HDESS2 00000036 10066551

01 FC:2501 700.00 OP
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Lynda Mau (Depositor's name)
 Lynda Mau (Signature)
 March 7, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/066,551	01/31/2002	Michael A. Apicella	875.045US1	2735

TITLE OF INVENTION: VACCINE AND COMPOSITIONS FOR THE PREVENTION AND TREATMENT OF NEISSERIAL INFECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	03/12/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
BASKAR, PADMAVATHI	1645	424-249100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Viksnins Harris
 2 & Padys PLLP
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Iowa Research Foundation Iowa City, Iowa

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☐ A check is enclosed.
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Ann S. Viksnins
 Typed or printed name Ann S. Viksnins

Date March 7, 2007
 Registration No. 37,748

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael A. Apicella et al.
Title: VACCINE AND COMPOSITIONS FOR THE PREVENTION AND TREATMENT OF
NEISSERIAL INFECTIONS

Docket No.:	17023.014US1	Serial No.:	10/066,551
Filed:	January 31, 2002	Due Date:	March 12, 2007
Examiner:	P. Baskar	Group Art Unit:	1645
Customer No.:	53137	Confirmation No.:	2735

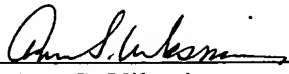
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We are transmitting herewith the following attached items (as indicated with an "X"):

- ☒ A check in the amount of \$1030.00 to cover the Small Entity Fee Payment (\$700.00), Publication Fee (\$300.00) and Extra Patent Copies Fee (\$30.00).
- ☒ Issue Fee Transmittal (Form PTOL-85).
- ☒ Return postcard.

Please apply any charges or credits to Deposit Account No. 50-3503.

VIKSNINS HARRIS & PADYS PLLP
Customer Number 53137

By: 
Ann S. Viksnins
Reg. No. 37,748

CERTIFICATE UNDER 37 CFR 1.8: The undersigned certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 7 day of March 2007.

Lynda Mau
Name


Signature